

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1237

State File No.

FILED JAN 21 1943

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

38

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution St Luke's Hosp.
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 2 days
In this community 2 days
years, months or days

3. (a) PRINT FULL NAME

Darline Pate Moody

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife

7. Birth date of deceased Aug 27 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 4 8 hr. min.

9. Birthplace St Joseph Mo
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business

12. Name Floyd L Moody
13. Birthplace Jacksonville Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Mailem Cox
15. Birthplace Horton Kans
(City, town, or county) (State or foreign country)

16. (a) Informant Floyd L Moody
(b) Address St Joseph, Mo.
17. (a) Removal (b) Date thereof 1-5-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St Joseph Mo.

18. (a) Signature of funeral director Fleeman & Son Inc
(b) Address St Joseph, Mo.

19. (a) Jan 5 1943 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 3816 Mitchell
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from 8-12-42
to 1-5-43
that I last saw him alive on 1-5-43
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory paralysis
Due to Enlarged thymus?
Due to 64

Other conditions Slight atelectasis
(Include pregnancy within 9 months of death)

Major findings: Complete cleft?
palate & bilateral harelip
Of autopsy atelectasis & enlarged thymus

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury
23. Signature E. C. Padgett (M. D. or other)
Address 1316 Professional Bldg Date signed 1-5-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

H.I. 7400
Roder

V.A. 2821 - Mackins
4800 Jefferson
Apt. 201

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.